



2004

CHIP Enrollee Survey Results and Analysis

Prepared by

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for the

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1.0 EXECUTIVE SUMMARY

This is a summary of an annual survey of families with children enrolled in the Montana CHIP program. The survey assesses patient satisfaction with the CHIP program, CHIP providers, and quality of care. In December 2003, 1,000 surveys were mailed to a random sample of CHIP families. Although families might have more than one child enrolled in CHIP, the random sample was based on selecting no more than one child within the same family or household unit. We received back 454 surveys for a high response rate of 45 percent.

FINDINGS

- **98% of respondents rated their satisfaction with CHIP as very satisfied.** On a scale from zero (“Completely Unsatisfied”) to 10 (“Completely Satisfied”) 98 percent of respondents rated their overall level of satisfaction with the CHIP program at a level of seven or higher. This percentage is slightly higher than for the survey last year. 73 percent said they were “Completely Satisfied” with CHIP.
- **45% rated their provider as the “Best Personal Provider Possible”** and 88 percent rated their provider between seven and ten (on a scale of zero “Worst Personal Provider Possible” to 10 “Best Personal Provider Possible”).
- **89% rated their understanding of CHIP as high.** On a scale from zero to 10 (“Understand Completely”) 89 percent of respondents rated their overall understanding at a level of seven or higher. This is a slightly higher percentage than for the survey last year.
- **38% reported their child received preventive care.** This is up nine percent from 2002 and six percent from last year.
- **85% surveyed reported their child had not used the emergency room in the last six-month period.** This is one percent less than in the last two surveys.
- **91% reported they felt there was never a time when their child received fewer services than other patients.**
- **87% surveyed rated their dental care as of high quality.** On a scale from zero to 10 (“Best Dental Care Possible”) 89 percent of respondents rated their overall understanding at a level of seven or higher. This is one percent higher than last year. Forty-nine percent rated dental care as the “Best Dental Care Possible”, a rating of 10.
- **77% reported using the BlueCHIP enrollee handbook,** 99 percent of those who used the handbook found it very or somewhat useful.

ENROLLEE COMMENTS

Of the 165 respondents who volunteered their comments at the end of the survey, 123 or 75 percent of them offered appreciative comments about the CHIP program. A sample of their comments follows:

- *I really rely on CHIP for my son's health care. I'm disabled & very low income. So when my son needs medical help, I know I can get him what he needs with out worrying about money.*
- *CHIP is a wonderful program. We are completely satisfied with CHIP, our kids would not be insured. My wife and I have not had any insurance for over 20 years.*

- *CHIP came at the right time for us. We have had three children on the program since its beginning. CHIP has saved my daughter's life and is helping my son. We can't thank you enough for all you've done for us.*
- *I really appreciate having CHIP. My children would be uninsured if it weren't for this program. It gives me great peace of mind. The insurance plan is top notch. Thank you.*
- *Excellent program for those of us parents who cannot afford health insurance but make more than welfare allows. Thank you so much!! It has been a real aid to our daughter.*
- *We, as parents, are very thankful to have CHIP. Though we have no co-payment for our low income, we feel we could pay some. Is there a place for donations (?) as we feel we should contribute some amount when we can. Thank you for all the benefactors!*
- *This program has been a life saver for my family. We gave up insurance when I returned to school. Upon graduation I hope to give back to the program so that others can benefit as I have. Thank you for all you do, we are truly blessed.*
- *My son is in the best health he can be. Without this insurance, he would only see Dr/Dentist if it were an emergency.*
- *[My daughter] is Downs and the Bridger Clinic has really done well with her and her heart. I praise God for a program like this and the people who make it work. Thank you*

Dental and vision coverage continued to be the areas most often mentioned as a problem with thirty people mentioning this issue. Some of the comments are:

- *We use all services of CHIP except dental because the number of dentists who accept are very limited. If there could be any improvements in the program I would hope it would be in this area.*
- *I would like to know how to go about to get a dentist to accept Blue Chip.*
- *I find it frustrating that there is such a low \$ amount for dental and it is next to impossible to get a dentist that even takes CHIP.*
- *I wish there were more dental providers participating in the program. I had to travel more than 120 miles to get dental care for my daughter.*

CONCLUSIONS

Overall, most families' surveyed agreed the CHIP program is a beneficial program that works well. Families surveyed this year seemed to be as happy with the CHIP program as the families who have been surveyed the past three years. A majority of respondents said they are satisfied with the program, and the many comments received reinforce those sentiments. There appears to be no significant program issues.

As in the past three years, the dental program garnered the most negative comments. To further their understanding of the statewide dental care shortage, MAXIMUS recommends continuing to educate parents of CHIP enrollees about the pervasiveness of the problem. This should help to normalize parents' perception of dental care issues.

The percent of enrollees receiving preventive care increased again; however, significantly less than half of enrollees surveyed are receiving preventive care. MAXIMUS, therefore, continues

to recommend that the State provide more outreach and education services to help parents understand the usefulness of preventive care throughout all the childhood years.

In conclusion, CHIP continues to receive high ratings from parents and guardians of children benefiting from the program. The vast majority of respondents reported they are generally happy with all aspects of CHIP and are grateful to have the program available for their children.



2.0 INTRODUCTION TO THE STUDY

The purpose of the annual survey is to assess client satisfaction regarding the perceived quality and timeliness of services received by individual providers as well as the CHIP program. The intention of this survey is not to compare the Montana CHIP program to other states. Instead, this survey is designed to assess patient satisfaction with the program in various areas, such as quality of care, timeliness of care, and available providers. It is conducted annually to determine if there are changes in the quality or timeliness of care from year-to-year.

The CHIP survey tool was developed by MAXIMUS in conjunction with the CHIP Quality Assurance Program Officer at the Department of Public Health and Human Services. In creating the CHIP survey, MAXIMUS used the child survey instrument created for Montana's Medicaid PASSPORT To Health Program as a guide to ensure survey findings from both programs could be compared. Although there are a few differences between the CHIP and the PASSPORT child survey instruments, a significant number of questions are the same in both surveys.

Conducting the survey on an annual basis facilitates a comparative analysis of findings from one year to the next. Any changes that occur to the survey instrument each year is minimal to ensure that yearly comparisons can be made. Please see the most recent PASSPORT survey report for a comparison of the results from the PASSPORT survey and the previous CHIP survey.



METHOD OF RESEARCH

3.1 Sample Selection

In early December 2003, MAXIMUS received an electronic file from the Department of Public Health and Human Services containing a random sample of 1,000 CHIP enrollees. During random selection, procedures were used to ensure only one child per household was selected for the survey, and the sample contains no names that were used for previous CHIP surveys.

Descriptive analysis of survey findings included generating tables and graphs showing the frequency distributions associated with each survey question. The percentages in each measurement are based only on the number of people who answered each specific question. For example, if 10 of the 454 respondents did not answer question number one, but 400 answered "yes" and 44 answered "no" the percentages would be based on 444, not 454. Responses from those who did not appropriately follow skip patterns were excluded from percentage calculations also. These numbers are clearly detailed in Appendix A, Question by Question Frequency Counts and Percentages.

NCQA standards for administering the CAHPS survey suggest the sample size should be sufficient in size to ensure the margin of error associated with survey responses is +/- 5 percent using a 95 percent confidence interval. In our experience of attaining more than a 40 percent

response rate for the CHIP survey, a sample size of 1,000 is more than sufficient to ensure we do not exceed a +/- 5 percent margin of error using a 95 percent confidence level.

3.2 Survey Procedure

In December 2003, 1,000 CHIP surveys were mailed to households selected to participate in the survey. Responses from the survey were entered into a Microsoft ACCESS database as surveys were returned. Our database also included the ability to track surveys sent to incorrect addresses. Client identifying information was excluded in conducting the analysis to ensure client confidentiality.

Approximately two weeks after the initial surveys were mailed reminder postcards were sent to non-respondents. This postcard was intended to encourage families to complete and return the CHIP survey. The response rate was 45% so no additional follow-up was needed.



4.0 SURVEY RESEARCH FINDINGS

In the sections that follow we present the overall findings from the survey. The sections are organized into the following areas:

- 4.1 Characteristics of CHIP Children and Survey Respondents
- 4.2 Utilization of and Satisfaction With CHIP Customer Service and Materials
- 4.3 Personal Provider
- 4.4 Health Care
- 4.5 Dental Care
- 4.6 Preventive Care
- 4.7 Timeliness of Receiving Care
- 4.8 Provider Communications



4.1 Characteristics of CHIP Children and Survey Respondents

Two percent of the 454 surveys returned did not have an indication of the child's gender. Of the ones who did identify a gender, 51 percent were completed focusing on a male child and 49 percent pertained to females. When asked how long their child had been continuously enrolled in CHIP, 49 percent of the 449 who responded marked "Longer than 24 months" while 29 percent indicated "12 to 24 months." Thus nearly half of all survey respondents noted enrollment for 12 or more months in a row.

Eighty-five percent of households rated their child's health as "Excellent" or "Very Good" while none of the surveyed households rated their child's health as "Poor". This lack of poor health is the same as reported in the past.

Ninety-six percent of respondents indicated their child was "White" and five percent indicated their child's race as "American Indian or Alaska Native". One percent indicated their child's race as "Black or African American" or "Unspecified race". Less than one percent of the respondents indicated a race of "Native Hawaiian or Pacific Islander" or "Asian". A separate question was asked about identification as Hispanic or Latino. Only four percent indicated their

child's ethnicity as "Hispanic or Latino" and 17 of these 19 people also identified their child as "White". The other two did not indicate any racial or ethnic group other than Hispanic.

Thirty-nine percent reported their child was between 12 and 18 years old, 31 percent between seven and 11 years, 18 percent between three to six years, and 13 percent were up to age two years.

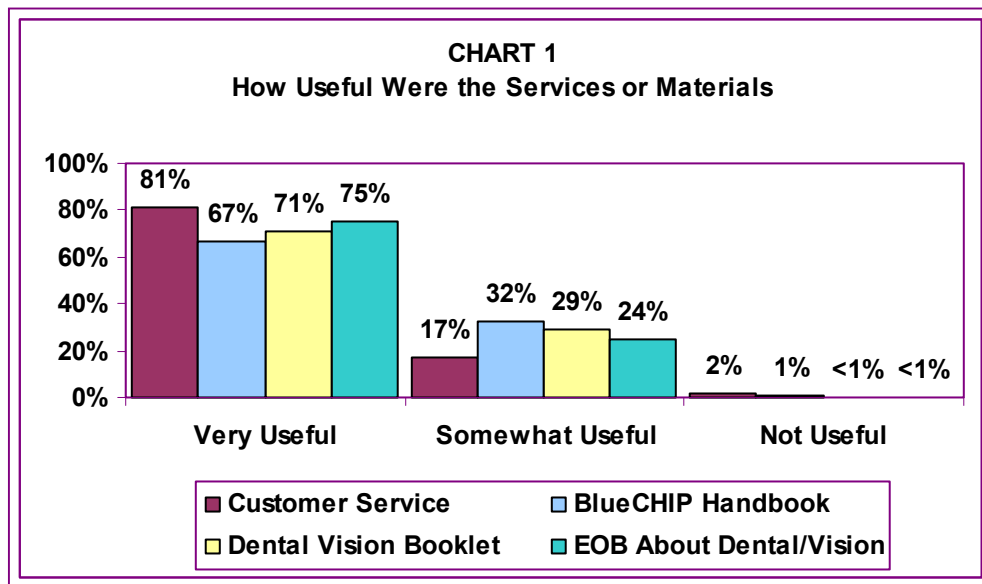
A large percentage (90 percent) of survey respondents were female. Forty-nine percent were between 35 and 44 years old with another 26 percent between 25 and 34 years old. Only 10 percent of respondents reported that they had not completed high school or earned a GED. Of the 90 percent who did complete high school, most had some college or a two-year college degree with only 14 percent of all respondents having earned an undergraduate or advanced degree.



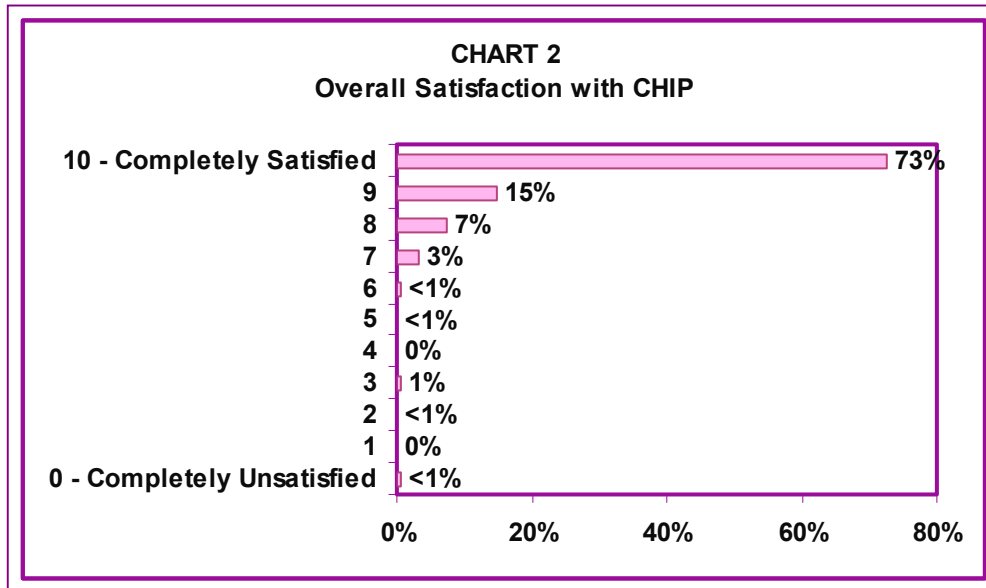
4.2 Utilization of and Satisfaction With CHIP Customer Service and Materials

Families were asked to rate their overall understanding of the CHIP Program on a scale from zero ("Do Not Understand At All") to 10 ("I understand Completely"). Eighty-nine percent of respondents rated their level of understanding of the CHIP program at a value of seven or higher with nearly 30 percent rating their understanding as a 10.

Respondents also were asked if they have used CHIP program materials and whether the materials were useful. Less than half of respondents (46%) used BCBS/BlueCHIP Customer Service, 78 percent used the BlueCHIP Enrollee Handbook, and 62 percent used the booklet on dental and vision care. Three quarters (76%) of respondents reported having received an Explanation of Benefits. An overwhelming majority felt that each of these sources of information and assistance were useful. The results are displayed in Chart 1 below.



Using a scale from zero (“Completely Unsatisfied”) to 10 (“Completely Satisfied”) nearly three quarters of the respondents (73%) reported that they are completely satisfied with the CHIP program. Ninety-eight percent of respondents rated their overall level of satisfaction with the CHIP program at a level of seven or higher. Chart 2 illustrates the distribution of respondents by level of satisfaction with the CHIP program.



4.3 Personal Providers

CHIP families were asked how much of a problem it was to get a personal provider for their child with whom they are happy. Twenty-one percent of respondents indicated they did not get a new personal provider. Of the 79 percent who did rate the level of difficulty they experienced, 94 percent chose "Not a Problem" as their response.

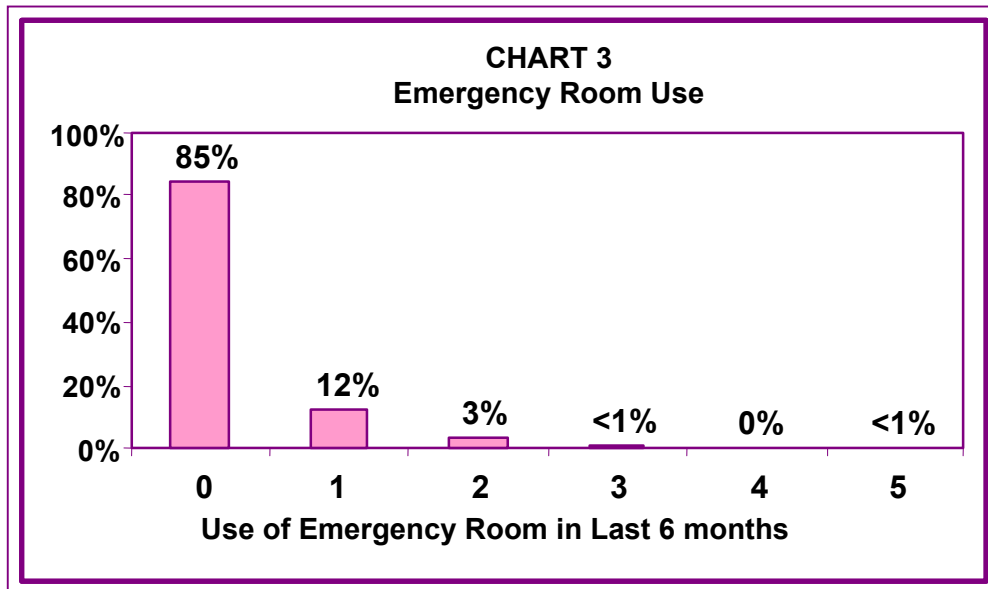
When enrollees were asked to rate their provider from zero (“Worst Personal Provider Possible”) to 10 (“Best Personal Provider Possible”), seven percent of respondents reported their child did not have a personal provider. Of those who did rate their child's provider, 94 percent rated their child's provider at seven or higher with nearly half (48%) rating their child's provider as the “Best Personal Provider Possible.”



4.4 Health Care

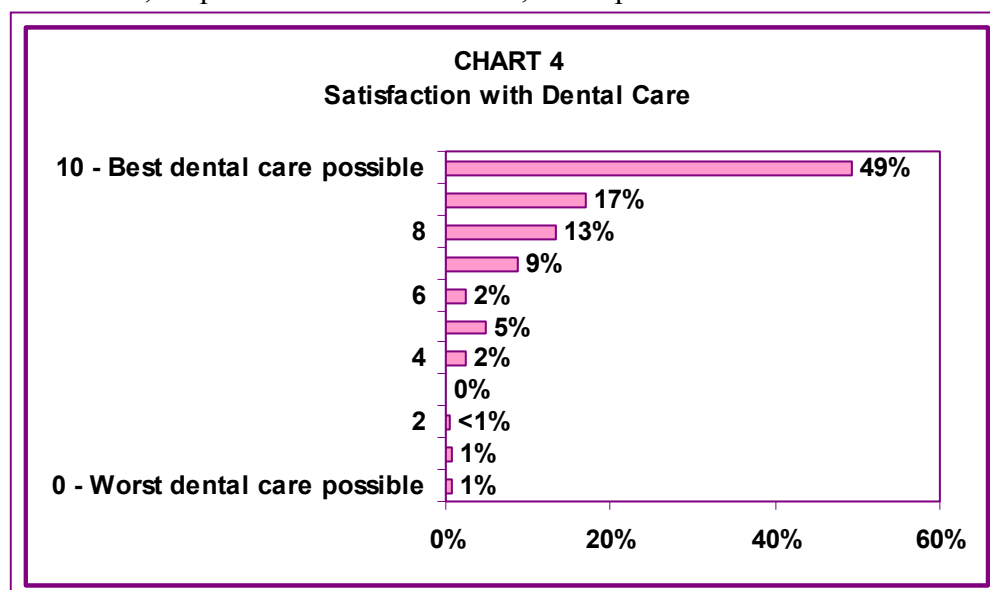
Families were asked if their provider's office helped them find another place to go when their personal provider could not see them. Forty-four percent reported the provider's office did provide this type of assistance. Of those who said yes, 90 percent were referred to another doctor or nurse, seven percent were referred to a public health clinic or community health center, six percent were referred to a hospital emergency room, and three percent specified a walk-in or urgent care clinic as the source of care.

We also asked families to indicate the number of times they used the emergency room in the last six months. As Chart 3 illustrates, most respondents (85%) reported they had not used the emergency room in the last six months. Of those who had used the emergency room, 77 percent used the emergency room one time and 19 percent used the emergency room two times.



4.5 Dental Care

The CHIP survey included a number of questions about access to and utilization of dental care services. Fifty-seven percent of CHIP respondents indicated their child received dental care in the last six months. Of those who received dental care, 61 percent visited the dental provider once, 26 percent visited two times, and 9 percent visited three times.



Respondents were asked to rate the quality of dental care their child received on a scale from zero (“Worst Dental Care Possible”) to 10 (“Best Dental Care Possible”). As illustrated in Chart 4 above, 88 percent of respondents rated the quality of dental care as a seven or more with 49 percent indicating the quality of care was best possible.



4.6 Preventive Care

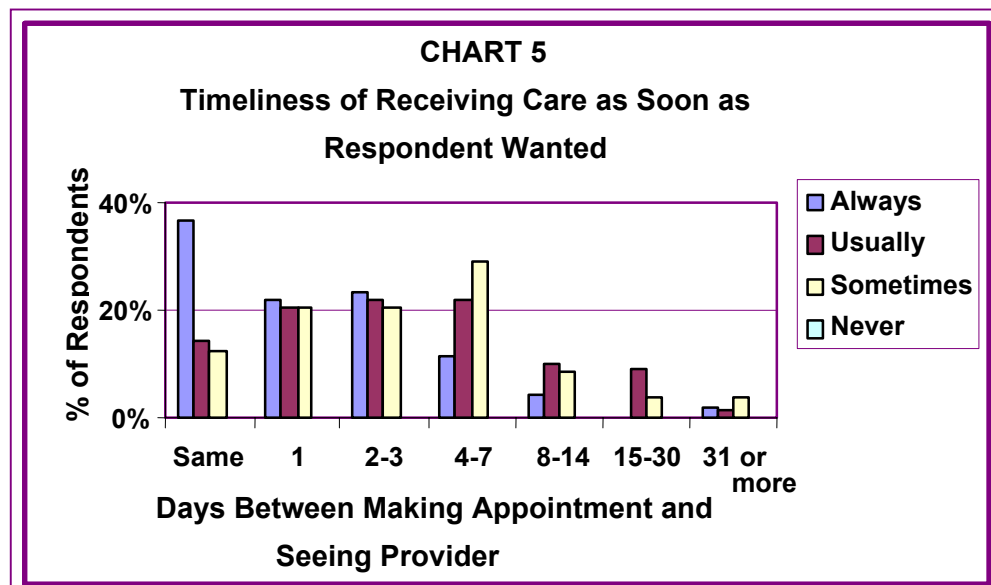
One of the advantages of being enrolled in a health care plan is having access to preventive care services. Thirty-eight percent of respondents indicated their child received preventive care within the last six months. Of those who did not receive preventive services, 95 percent reported their child did not need any preventive care during the last six months.

For respondents with children enrolled who were two years or younger, half (50%) reported they received reminders from the provider’s office to bring their child in for a check-up or to see how the child was doing. Eighty-seven percent of (58 out of 67) respondents reported they had taken their child in for health care services since birth.



4.7 Timeliness of Receiving Care

An important measure of quality of care is the timeliness of receiving required care. Respondents were asked whether their child received timely care for both routine and non-routine care. Non-routine care is care required due to an illness or an injury. Of those respondents who indicated that their child received care, 61 percent felt they were “Always” able to obtain regular or routine care for their child when they wanted and 78 percent were “Always” able to receive such care due to an illness or injury. Eighty-eight percent of respondents waited for a week or less for routine care, while 95 percent obtained non-routine care within one day or less of the request. Chart 5 displays the interaction of how often parents felt their children were able to get an appointment with a provider for routine care as quickly as they wanted by how long they indicated they waited for an appointment.



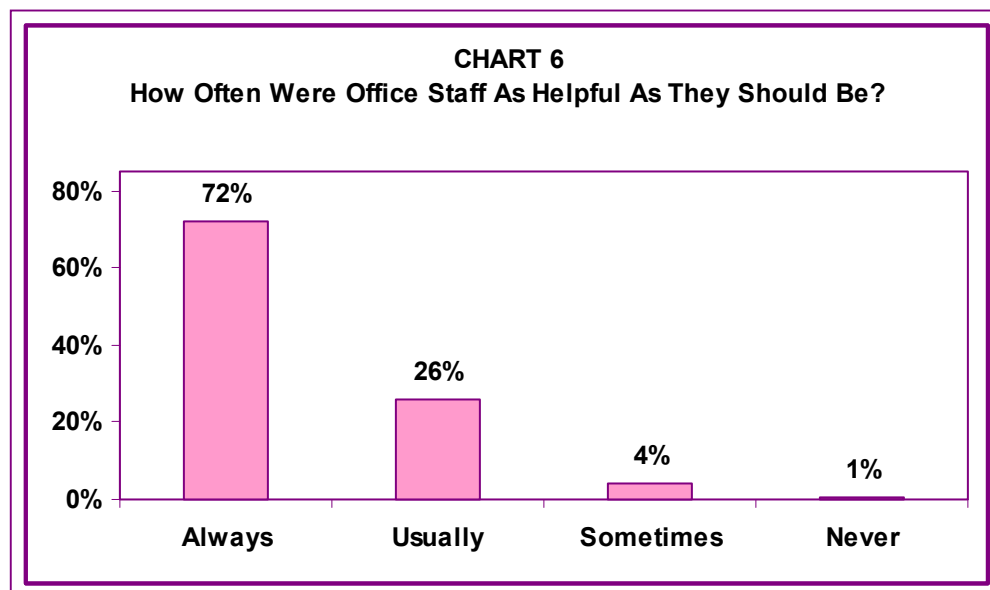
After arriving at the provider's office, more than half of respondents (55 percent) reported they waited no more than 15 minutes to see their child's provider and 34 percent waited between 16-30 minutes.



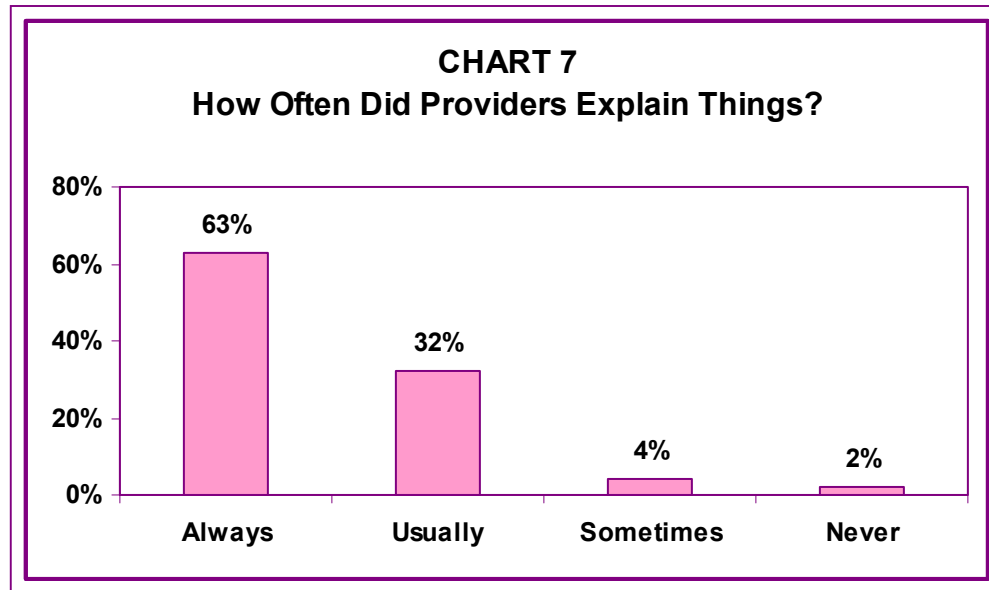
4.8 Provider Communication

Communication is key in an enrollee's understanding of his or her health and treatment. Good communication may be one of the biggest factors in a patient's compliance (or lack of compliance) with health care recommendations. We asked families some questions in reference to both the provider and the provider's office staff. We did not specifically ask about communication of the office staff; however, we did ask how often the office staff was helpful. Helpfulness does not always equate with communication, however, a client's perception of helpfulness could relate to their ease in communicating with the office staff.

Forty-nine percent of survey respondents called a provider's office during regular office hours to receive help or advice concerning their child. Of those who called, 78 percent reported "Always" receiving the help or advice they required. For children who went to a provider's office within the last six months, 72 percent reported office staff were as helpful as the respondent thought they should be as shown in Chart 6.

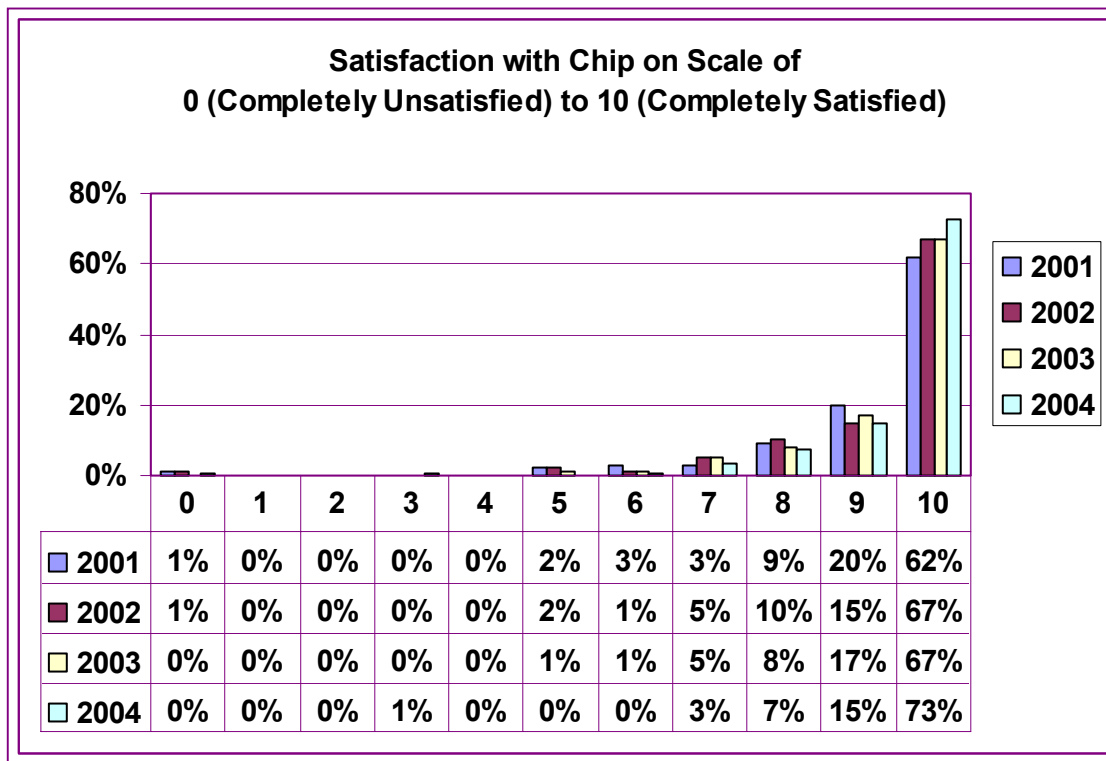


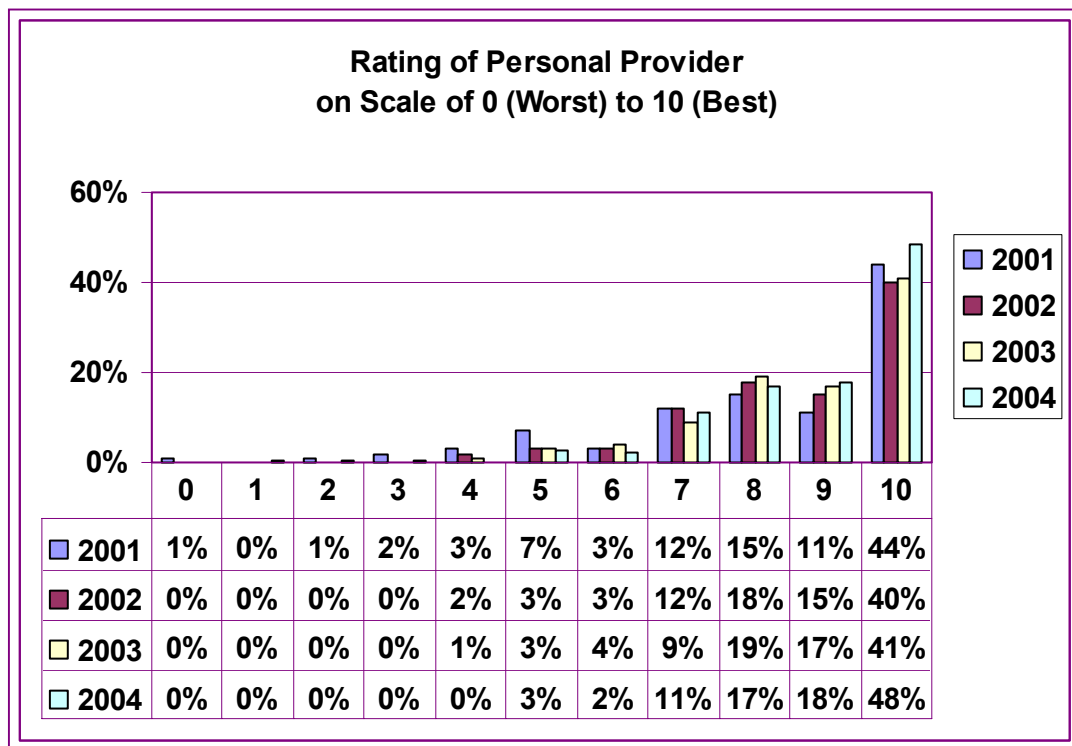
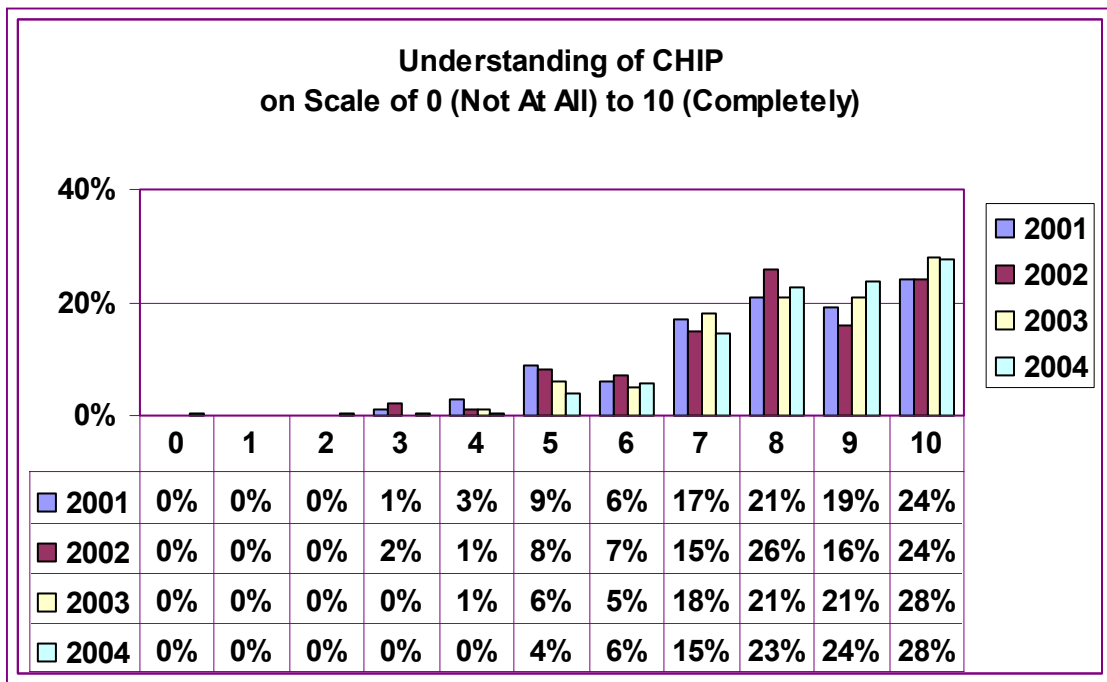
Of those who considered their child old enough to understand, 63 percent of respondents whose children had gone to the provider's office during the last six months reported the provider "Always" explained things in a way the child could understand (shown in Chart 7).

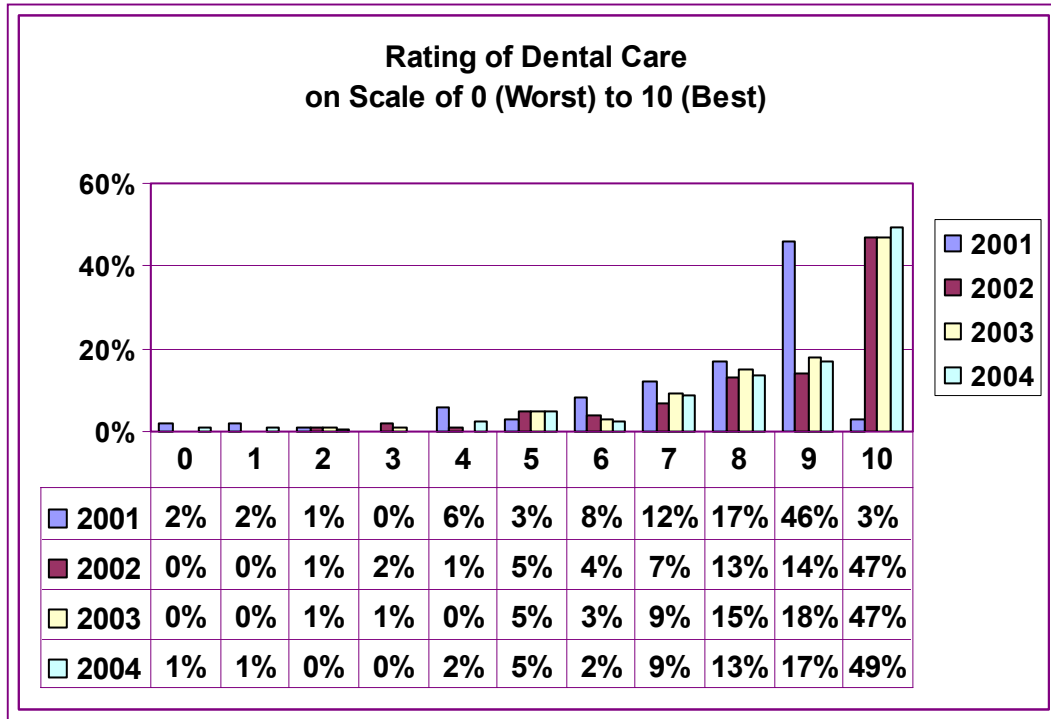


5.0 ANNUAL COMPARISONS

The following charts compare responses across the years surveyed. On most questions, while there might be small changes in specific ratings, there was no significant change in the general ratings (high, medium, low) from 2002 to 2004. Due to rounding, some percentages less than one percent appear in the data tables as 0%.







6.0 CONCLUSION



Overall, the families surveyed this year seemed to be as happy with the CHIP program as the families who have been surveyed in past years. A majority of respondents said they are satisfied with the program. The most common theme of the many comments received was thankfulness for the program. There does not appear to be any area of the program that has significant issues that need to be addressed.

As in past years, most of the negative comments concerned the dental program. The overall shortage of dentists in Montana exacerbates the difficulty that CHIP parents experience in securing dental care for their children. A continuation of educational efforts aimed at informing parents of the universality of the dental care shortage, while not alleviating the problem, should help parents reframe the issue from a CHIP issue to a Montana one.

The percent of enrollees receiving preventive care continued to increase, rising from 29 percent in 2002 to 38 percent of those surveyed for this report. Because the overall percent receiving preventive care remains low, MAXIMUS recommends the CHIP program review current methods of outreach and education and incorporate a more aggressive approach to preventive care. Many programs, including Montana's Medicaid Managed Care Program PASSPORT To Health, have instituted a preventive care 'reminder' program. It may be worthwhile to investigate the feasibility of doing such a program for CHIP.

In conclusion, CHIP continues to receive high ratings from survey respondents. The vast majority reported they are generally happy with all aspects of CHIP and are grateful to have this

program available for their children. According to respondents, CHIP has had another successful year and is on the right track to receive the same high ratings for next year.

APPENDIXES

A. Survey Question by Question (with percentage of response)

B. Verbatim Comments

C. Survey Instrument